

SOCIAL STRUCTURE AND DALITS

India is a unique country. She stratifies her population by the ascribed status. The birth determines individual's position and privileges. Dalits are one of the most vulnerable groups in India. The sufferings have long history. The social evils targeting life and property of dalits are ever increasing. The human rights violations are obvious against this so called marginalized group. The sufferings are double if the dalit is woman. The protective discrimination and affirmative action of government not yet produce the desired level change in the life of dalits. The modern technology does not bring change in the social attitude and prejudiced mind of common populace. In the modern India the untold suffering of dalits still persists. In this context, the books shed a spot light on various issues of dalits. Moreover, the authors of the respective paper are responsible, not the editor, for the views, data, contents which are expressed in this book.

THE EDITOR



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Foreword

'So long as you do not achieve social liberty, whatever freedom is provided by the law is of no avail to you', B.R. Ambedkar said way back in 1940s. Despite the clarion call for cashless digital transaction using BHIM app, social liberty and equity is still a distant dream to the marginalized group.

In Hindu faith, *Dalits* are lower than Sudras and subjected to various social marginalization. Millions of *Dalits* and other minorities in every name and pretext still encounter innumerable humiliation, harassment and discrimination in all walks of life. The constitution of India irrespective of caste, class, and religion ensures, fundamental, socio-economic, political, spiritual and cultural rights to all its bonafide citizens.

Due to the dominant caste supremacy the *Dalit* community is deprived of the comprehensive benefits of the fundamental rights enshrined in the Indian constitution. It is high time proactive efforts are initiated to draw the excluded *Dalit* community into the mainstream by adopting a well thought out inclusive strategy for restoring their lost dignity, pride and self respect resultant of centuries of oppression, perpetual denial of their human rights and livelihood.

Having witnessed the perpetration of continual subjugation of the *Dalits*, the parliament of India enacted various acts intended to safeguard them from such systematic atrocities unleashed against them.

Article 17 of Indian Constitution seeks to abolish untouchability and to forbid all practices towards its sustenance in the civilized society. Indian Constitution time again enacts laws 'to prevent the commission of offences of atrocities against the members of scheduled castes and tribes, to provide for special courts for the trial of such offences and for the relief and rehabilitation of the victims of such offences and for matters connected therewith or incidental thereto'.

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ABSTRACT

The study unveils the significant roles of caste in determining women's health practices. Caste is a social factor which persuades health practices among women India. Social constructs on different castes seem to have a strong hold on human thought, perpetuating prejudice and propagating unjust societal structures. The core objective of the study is to disclose the interaction between caste disparities and health practices among dalit women. This paper states how the social inequality influences the health care practices among women in scheduled caste. The social inequality and constant stress lead dalit women to obtain biological disturbance and consequently bad health. Social status given to dalit women persuades them to adapt deprived health practices. The study enlightens how housing structure of scheduled caste grounds poor health practices among dalit women. Health practices among dalit women are highly determined by their socio-economic factors. Caste and health practices are inextricable in nature. Economical inequalities sources inequalities in health practices. Poor socio-economical and political status influences women's health care practices among dalit women.

Keywords: Caste discrimination, socio-economic condition, social and economic inequalities, poor health practices

Introduction

The social stratification in caste system has a great impact on the country. The system generally identified with Hinduism, is also prevalent among Christians, Sikhs and Muslims. Social constructs on different castes seem to have a strong hold on human thought, perpetuating prejudice and propagating unjust societal structures. Data from National Family Health Survey – III (2005-06) states that women's health care practices are highly associated with their caste constructs. It was found in the survey that, contraceptive usage was among the scheduled castes and the scheduled tribes compared to forward

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castes. The worse level of antenatal care, institutional deliveries and complete vaccination coverage was found among the lower castes. Maternal mortality and infant mortality has been increased due to lower accessibility and poor health care practices among the lower castes.

Caste factors influence women's health practices:

- Migration
- Occupation
- Education
- Housing structure
- Culture
- Social prejudice
- Social discrimination

Migration is a major cause for maternal mortality among dalits in india. When the lower castes people migrate to various parts of the country in search of education, employment, their health condition becomes deterioration. Lower castes people may forced to migrate from their native places to different parts of the country due to several reasons such as construction of roads, government buildings, schools and public property. Their migration grounds them to lose their health benefits offered by the government to the lower caste women particularly women in below poverty line. The migrated lower castes women would find it difficult to obtain ration card and other recognized identity card which would help them to acquire the health benefits under various maternal welfare schemes. This situation causes them to have the poor health care practices.

Health care practices among dalits are highly determined by their socio-economic factors. Caste and health care practices are inextricable in nature. Economical inequalities sources inequalities in health care practices. Poor social, economical and political status influence women's health care practices among dalits. Dalit women who live below poverty line could not obtain healthy food. Dalit women living poverty make bad choices when it comes to nutrition for their diets that contribute to maternal health complication. Their poverty makes them to incapable of making the correct choices in diet and make them to spend money on low-quality of food during pregnancy. Women in dalit community have to rely upon the corner shops or small retail outlets that have limited choices of food. This situation grounds 'insecurity' in their pregnancy outcome. This condition sources them to experience stress, strains, and malnutrition among maternal women.

Dalit women who are below poverty line are employed to meet their basic need. Generally, dalit women are employed for very lower paid jobs such as leather workers, street sweepers, cobblers, agricultural workers, and manual "scavengers". When they occupied with work for meager amount their work pressure consequences the poor outcome in their health care practices. Since they employed, they could not concentrate on their health and health of the members in the family.